Purs				ALTH OF MISSOU				111	993
FILED APR	28 1954	STANDARD	CERTIF	ICATE OF DEA	ATH	State	File No		500 50
BIRTH NO		REG. DIST. NO.	149	PRIMARY REG. DIST.	жо. <u>/о</u>	02_ Regis	trar's No.	158	53
1. PLACE OF DEA	ATH .			2. USUAL RESID		ere decessed liv	red. Il ins		saklence be
a. COUNTY Jac	kson -			a. STATE Miss		b. COL	INTY _	ackso	ارسلميك
b. CITY (II equaldo eq OR TOWN Kans	enionate limite, write B AS C1tv	township) STA	ENGTH OF Y (in this place)		as Ci	tv	d. Is Res a city Yes	or incorpore	n limits of
		natitution, give street addres		. STREET ADDRESS		ve location)			-14
INSTITUTION (	Gen. Hos	oital #2		2406	Trac	v Aven	ue .	<i>3</i> 4	710
3. NAME OF TOPICE ASED	a. (First)	b. (Mide	dle)	c. (Last)		4. DATE	(Month)	(Day)	(Year)
(Type or Print)	John	De	vis	_ Carter	•	OF DEATH	Apr.	5.	1954
5. SEX )_ 6.	COLOR OR RACE	7. MARRIED, NEVER I	MARRIED.	8. DATE OF BIRTH		9. AGE (In yea: last birthday)	m IF though	I YEAR   D	UNDER M R
Male	Col.	Unknown	4	Nov. 15. 1	924	29			
10a. USUAL OCCUPATIO	ON (Give kind of work	196. KIND OF BUSIN	ESS OR IN- DUSTRY		ty and State	or Foreign Cou	atry)	12. CITIZ COUNT	EN OF WH
CODE CITYING MOST OF WORK		Cafe	50511(1	Pensacola.		1	}	U.S.	
3a. FATHER'S NAME		13b. MOTHER	R'S MAIDEN			OF HUSBAN	O'OR WIF		
William (	Carter	Carrol	PaSath	th		-	<b>-</b>		_
15. WAS DECEASED EVE	R IN U.S. ARMED	FORCES?   16. SOCIAL	SECURITY	17. INFORMANT'	S SIGNAT	TURE OR N	AME	A	DDRESS
Onknown) (III	And himse man on once	267-28	3-0453	Mrs. Isabe	lla J	ackson	.111	5 Bro	ookl
18. CAUSE OF DEATH	ett North Laid	. M		ERTIFICATION		· ::		I INTERV	AL BETWE
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO DIRECTLY LEAD	ONDITION ING TO DEATH*(a)	·Un	Knon	7	•		June	AND DEN
	ANTECEDENT CA	AHCEC		, y <b>3</b> , ,	<del>-</del>				
This does not mean									
			(b)						
the mode of dying, such as heart failuse, asthenia,	Morbid condition rise to the above o	s, if any, giving DUE TO ause (a) stating	(b)		· •			-	
the mode of dying, such as heart failure, asthenia, etc. It means the dis-	Morbid condition	s, if any, giving DUE TO ause (a) stating					•		
the mode of dying, such as heart failuse, asthenia, etc. It means the dis- ease, injury, or complica-	Morbid condition rise to the above ce the underlying car	s, if any, giving DUE TO ause (a) stating use last.  DUE TO FICANT CONDITIONS			. :		•	24	55
the mode of dying, such as heart failuse, asthenia, etc. It means the dis- ease, injury, or complica-	Morbid condition rise to the above co the underlying car II. OTHER SIGNII	s, if any, giving DUE TO ause (a) stating use last.  DUE TO	(c)				•	79	55
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## STATEMENT BY LICENSED EMBALMER

working under my personal supervision..

Signature of Student Embalmer

Student.....

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Licensed Embalmer No.

P. O. Address 1905. 1

to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.